

Dangerous or hazardous procedures are radiologic procedures which *may only be performed by a practitioner (MD, DO, DC, DPM) in the course and scope of the license, or by a certified medical radiologic technologist (MRT, LMRT)*. There are specific radiologic procedures which an RN or PA may perform, *if the person is appropriately trained by January 1, 1998, or before performing the procedure*. The identification of these procedures in this format is authorized by the Medical Radiologic Technologist Certification Act, Texas Occupations Code, Section 601.056. LMRTs are limited to radiography of specific anatomical parts indicated on the limited certificate.

Mammography is a radiologic procedure which may only be performed by an **MRT** who is listed on a facility's application for a *Texas Certificate for Mammography Systems* and approved by TDH - Bureau of Radiation Control.

This chart is intended to be helpful in illustrating the radiologic procedures an MRT, LMRT, non-certified technician (NCT), RN or PA may perform. This list is for illustrative purposes only and is not exhaustive. For more information consult ' 143.16 of the rules.

#	Procedure	P	MRT	LMRT	RN/PA	NCT
1	Nuclear medicine studies	U	U	No	No	No
2	Administration (oral, injection, or otherwise) of radiopharmaceuticals*	U	U	No	U	No
3	Radiation therapy (all external radiation therapy beams including Grenz rays)	U	U	No	No	No
4	Brachytherapy	U	U	No	No	No
5	Computed tomography (CT or CT scans)	U	U	No	No	No
6	Interventional radiographic procedures	U	U	LMRT - CV	No	No
7	Angiography	U	U	LMRT - CV	No	No
8	Fluoroscopy	U	U	LMRT - CV	U	No
9	Fluorography	U	U	LMRT - CV	U	No
10	Cineradiography (including digital acquisition techniques)	U	U	LMRT - CV	No	No
11	Conventional Tomography	U	U	No	No	No
12	Skull radiography - <i>all views</i>	U	U	LMRT-Skull	No	No
13	Skull radiography - <i>AP/PA, lateral, Townes, Caldwell and Waters views only</i>	NA	NA	NA	U	U
14	Mobile radiography (includes portable radiography)	U	U	No	No	No
15	Spine radiography - all views	U	U	LMRT - Spine	No	No
16a	Spine radiography - <i>AP/PA, lateral, and lateral flexion/extension views only</i>	NA	NA	NA	U	U
16b	Spine radiography – lumbar oblique views	NA	NA	NA	U	No
17	Shoulder girdle radiographs - all views	U	U	LMRT - Ext	U	No
18	Shoulder girdle radiographs - <i>AP and lateral shoulder views, AP clavicle, and AP scapula only</i>	NA	NA	NA	U	U
19	Sternum radiography	U	U	No	U	No
20	Pelvic girdle radiographs all views	U	U	LMRT - Ext	No	No
21	Pelvic girdle radiographs - <i>AP/PA views only</i>	NA	NA	NA	U	U
22	Radiographic procedures which utilize contrast media	U	U	No	U	No
23	Pediatric - all views	U	U	U Appropriate Category	U	No
24	Pediatric - extremities <i>only</i>	NA	NA	NA	NA	U
25	<i>Mammography</i>	No	U	No	No	No

KEY: P= Practitioner (MD/DO, etc., performing the procedure in the course & scope of the license) ~ **CMRT** = Certified Medical Radiologic Technologist
~ **LMRT** = Limited Medical Radiologic Technologist ~ **RN/PA** = Registered Nurse or Physician Assistant - Certified ~ **NCT** = Non-Certified Technician

NA = Not applicable; the procedures identified on this line are subsets of the procedures identified on the previous line.

* only with appropriate training as determined by the Bureau of Radiation Control within the confines of the facility's radioactive material license.

Prepared by the Texas Department of Health - MRT Program and based on adopted rules effective September 2001, at 25 Texas Administrative Code ' 143.16.

More information, please contact TDH - MRT Program by phone at (512) 834-6617, by Facsimile (512) 834-6677, or in writing at 1100 W. 49th St., Austin, TX 78756-3183.
(Nov 13, 2001)